

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
107030027

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		2				
16		0				
17		2				
18		2				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		2				
27		2				
28		2				
29		1				
30		1				
31		1				
32		3				
33		1				
34		1				
35		1				
36	1					
37	1					
38		2				
39		2				
40		2				
41		2				
42		2				
43		1				
44		1				
45	1					
46		1				
47		2				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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